



REQUEST FOR WITHDRAWAL  
OF  
APPLICATION FOR CHANGED ASSESSMENT

**TO:**

Clerk of the Placer County Assessment Appeals Board  
Placer County Administrative Center  
175 Fulweiler Avenue  
Auburn, California 95603

**FROM:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Application Number(s): \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

Assessment Number(s): \_\_\_\_\_

To the Withdrawing Applicant Please Note: The Assessment Appeals Board can decide to review an assessment even though the Assessor and the applicant may have agreed to withdraw the appeal.

I hereby request my Application(s) for Changed Assessment on Assessor's Parcel(s) listed above be withdrawn.

I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of the taxes on that property—"The Applicant") (2) an agent authorized by the applicant under Item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar No. \_\_\_\_\_, who has been retained by the applicant and has been authorized by that person to file this application.

\_\_\_\_\_  
Signature of Taxpayer/Agent

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name